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March 19, 1998

To: RICHARD LEE - GROUP UNIT 2615 - SERIAL NO. 08/709,930

From: JOHN W. CARPENTER

Client Number: 00287S-00482

At FAX Number: 1 703 308-9051

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Message or Special Instructions:**FACSIMILE TRANSMITTAL CERTIFICATE**

I hereby certify that the SUPPLEMENTAL PRELIMINARY AMENDMENT, AMENDMENT
TRANSMITTAL FORM, FORM 1449, PATENT NO. 5,209,747 AND IDS TRANSMITTAL LETTER
 are being transmitted via facsimile on March 19, 1998 to EXAMINER RICHARD LEE, United
 States Patent and Trademark Office.

DATE: March 19, 1998

*Lata Olivier***LATA OLIVIER****FAXED****RETURN TO**

Amendment

TOWNSEND and TOWNSEND and CREW LLP
 Two Embarcadero Center, 8th Floor
 San Francisco, CA 94111-3834

(415) 576-0200

In re application of
PHILIP S. GREEN
 Appln. No. 08/709,930

Filed September 9, 1996

Group Art Unit 2713
 For SURGICAL SYSTEM

THE ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Enclosed is a petition to extend time to respond.
- [] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

X Form 1449, Pat. No. 5,209,747

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	* 55	MINUS **	= 35	x11=	\$
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					
INDEP.	* 2	MINUS ***	= 0	x41=	\$
				+135=	\$
				TOTAL ADDIT. FEE	\$
				OR	OR
				x22=	\$
				x82=	\$
				+270=	\$
				TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

- [] Claims fee \$ _____
- Any additional fees associated with this paper or during the pendency of this application.

XX extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

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 Attorneys for Applicant